

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER WOONSOCKET HEALTH CENTRE		STREET ADDRESS, CITY, STATE, ZIP 262 POPLAR STREET WOONSOCKET, RI 02895	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure staff utilized Personal Protective Equipment (PPE) according to professional standards for 1 of 3 units with residents who tested positive for COVID-19 (south 2 unit). The facility also failed to ensure that their policy and procedure was followed to prevent the transmission of COVID-19. Findings are as follows: 1. The Center for Disease Control and Prevention (CDC) document titled Use Personal Protective Equipment When Caring for Patients with Confirmed or Suspected COVID-19, updated on 3/30/2020, states in part, .PPE must be donned correctly before entering the patient area (e.g. (for example), isolation room, unit if cohorting . The CDC document titled COVID-19 Personal Protective Equipment for Healthcare Personnel, updated on 3/23/2020, indicates that a N95 or higher respirator, face shield or goggles, isolation gown, and one pair of clean, non-sterile gloves are to be worn. . During an entrance interview with the Administrator of Clinical Services and the Infection Control Nurse on 6/3/2020 at approximately 9:15 AM, they revealed the south 2 unit has 20 residents. There are currently 18 residents positive for COVID-19, and 2 residents recently tested negative. They also revealed that the north 1 unit had 22 residents that tested positive for COVID-19. During a surveyor observation on 6/3/2020 from approximately 10:00 AM to 10:10:45 AM revealed the following: -Resident ID's #4, 5, 6 and 7 were sitting in the unit dining room (2 residents are positive for COVID-19 and 2 residents recently tested negative). These residents were observed sitting within 4 to 5 feet from each other and they did not wear masks. -A unit nurse (Staff A), and 2 medication technicians/nursing assistants (Staff B and Staff C) were not wearing gowns or gloves. -A nursing assistant (Staff D) was observed pushing Resident ID #8 in his/her wheelchair in the hallway towards the dining room. Staff D was not wearing a gown or gloves, and Resident ID #8 is positive for COVID-19 and did not have a mask on. A subsequent observation revealed Staff D brought Resident ID #8 into the unit dining room and 2 nursing assistants (Staff E and Staff F) assisted Staff D with repositioning Resident ID #8. Staff E and Staff F were not wearing gowns or gloves. There were now a total of 5 residents (3 of them positive for COVID-19) in the dining room at this time and none of the residents were wearing masks. Throughout the observation, the Infection Control nurse did not wear a gown or gloves while on the south 2 unit. 2. The Facility's current Policy and Procedure titled Optimizing PPE During the COVID-19 Response, section Infection Control, states in part, .All employees at WHRC shall wear a N95 mask .HCP (Health Care Personnel) should leave the patient being (cared) for if they need to remove the facemask . The face mask should be carefully folded . The folded mask can be stored between uses in a clean sealable paper bag or breathable container . HCW (Health Care Worker) who cares for a patient confirmed or suspected of COVID-19 will adhere to standard/droplet precautions . During a surveyor observation with the Infection Control Nurse on the north 1 unit on 6/3/2020 at approximately 9:30 AM revealed a maintenance staff (Staff H) wearing only a surgical mask (Not a N95 mask as per the facility's Policy and Procedure). Additionally, surveyor observation on 6/3/2020 at 10:55 AM revealed 2 residents (Resident ID's #2 and #3) smoking on the patio in the courtyard outside. Both resident's masks were under their chin as they were smoking. A nursing assistant (Staff I) was observed sitting between these 2 residents (approximately 2 feet away from Resident ID #2 and approximately 4 feet from Resident ID #3) and did not have a mask on. During a surveyor interview on 6/3/2020 at 11:05 AM, Staff I stated she had been sitting with Resident ID #2 and Resident ID #3 for approximately 10 minutes. She also stated she does not wear a mask when she is outside. When asked where she keep her mask, Staff I took her N95 and surgical mask out of her uniform pocket. She did not kept her masks in a clean sealable paper bag or breathable container as per the facility's policy. During a surveyor interview on 6/3/2020 at approximately 12:00 PM with the Administrator of Clinical Services and the Infection Control Nurse, they acknowledged that staff do not wear gown or gloves while on the COVID-19 positive unit (south 2 unit). They also stated they would have expected Staff I to wear a N95 mask while working on the units and/or caring for residents at the facility.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.